

STATE OF FLORIDA
COOPERATIVE AGREEMENT
FOR MEDICAID
BETWEEN
THE AGENCY FOR HEALTH CARE ADMINISTRATION
AND
THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Attachment 93-39
Effective 7/1/93
Supersedes 91-24
Approved 10/21/94

Revised Submission JUL 22 1994

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**COOPERATIVE AGREEMENT
FOR MEDICAID
BETWEEN
THE AGENCY FOR HEALTH CARE ADMINISTRATION
AND
THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

The Agency for Health Care Administration (AHCA) is the single state agency responsible for the administration of Title XIX of the Social Security Act, Medicaid, in the state of Florida. The Department of Health and Rehabilitative Services (HRS) is authorized to administer eligibility determinations for Medicaid and to provide or coordinate the provision of certain Medicaid services as allowed by Title XIX. HRS is the Title V, Maternal and Child Health agency.

To better service the Title XIX, Medicaid eligible citizens of Florida, the Agency for Health Care Administration and the Department of Health and Rehabilitative Services agree to the following:

I. The Agency for Health Care Administration (AHCA) will:

A. Have final authority with respect to all Medicaid policy, procedures, rules and regulations.

B. Distribute Health Care Financing Administration (HCFA) Program Issuance Transmittal Notices and Program Memorandums to HRS.

C. Maintain the Medicaid state plan, initiate and approve all amendments prior to submission to HCFA, and

distribute state plan updates to HRS and other interested parties. AHCA will coordinate with HRS on any amendment that impacts on the mission of HRS, its programs or its budget.

D. Approve all Medicaid policy, prior to implementation, that is developed by HRS.

E. Approve all administrative rules pertaining to Medicaid, prior to implementation, which are promulgated by HRS.

F. Coordinate with HRS on all administrative rules that AHCA promulgates and that pertain to the mission of HRS, its program or its budget. AHCA will:

1. Obtain the consultation of the Secretary of HRS, prior to adoption, of any rule that has a direct impact on the mission of HRS, its programs or its budget; and

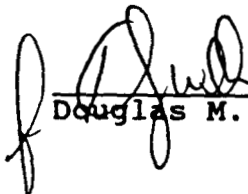
2. Obtain the consultation of the Secretary of HRS on any rule that indirectly impacts on the mission of HRS, its programs or its budget.

3. Provide HRS with written notice of new policy directives at least sixty (60) days prior to implementation, unless otherwise directed by state or federal law.

G. Handle all payment of Medicaid claims.

H. Enroll all Medicaid providers.

I. Assist recipients in locating enrolled providers, and assist recipients and providers with Medicaid claims resolution.


Douglas M. Cook

6/22/94
Date


H. James Towey 7/1/94
Date

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J. Process all overpayment reports and all benefit recovery activities for providers of Medicaid services.

K. Maintain the Florida Medicaid Management Information System (FMMIS), the Medicaid information system for recipient eligibility, provider enrollment, claims payment, and surveillance and utilization review.

II. Department of Health and Rehabilitative Services will:

A. Conduct Medicaid related functions in accordance with the approved Medicaid state plan, Title XIX of the Social Security Act, and all other applicable federal and state laws and regulations as approved and directed by AHCA.

B. Assist AHCA with identifying needed amendments to the Medicaid state plan, policy manuals, and administrative rules.

C. Obtain AHCA's approval on all policy, procedures, and rules pertaining to Medicaid that HRS develops.

D. Conduct fair hearings pursuant to 42 CFR Part 431, Subpart E for Medicaid applicants and recipients pertaining to eligibility authorization and benefit authorization.

E. Investigate and report on civil rights complaints by Medicaid recipients.

F. Remain the designated single state agency to receive Beneficiary and Earnings Data Exchange (Bendex) and State Data Exchange (SDX) tapes from the Social Security Administration.

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III. Transfer of Title XIX funding:

A. AHCA will be the sole source of receipt of federal matching funds for Title XIX, Medicaid, and will draw down on letter of credit the federal grant matching funds for allowable expenditures for AHCA and HRS.

B. HRS will earn funding and financial participation through Title XIX, Medicaid, for allowable direct costs and allowable indirect costs in accordance with the cost allocation plan approved by HCFA.

C. The draw down by letter of credit of federal funds by AHCA for HRS does not relieve either HRS or AHCA of the responsibility for compliance with federal and state rules and regulations regarding cash management and effective control over the accountability for funds.

D. HRS will submit monthly expenditure reports to AHCA for the allowable costs and will maintain supporting records for review by state and federal auditors.

E. At least biweekly, HRS will submit requests to AHCA for the draw down of federal matching funds.

F. AHCA will deposit the Title XIX funds requested by HRS into the accounts designated by HRS for the receipt of those funds.

G. AHCA will prepare the quarterly federal grant expenditure reports based on allowable expenditures made by AHCA and on the allowable expenditures reported by HRS to AHCA.

H. AHCA will prepare the quarterly reports for the

estimating of federal grant funding requirements based on the estimated allowable costs projected by AHCA and on the estimated allowable costs projected and reported by HRS to AHCA.

I. AHCA will prepare quarterly reports for the Refugee Medical Assistance Program as required by the grant that funds the program.

J. HRS is responsible for the state share of all administrative costs that it incurs.

K. AHCA will reduce future deposits to HRS for Title XIX, Medicaid, federal earnings in an amount equal to any funds received by HRS through the Title XIX grant that are subsequently deferred or disallowed by HCFA, federal auditors, or state auditors for failure to comply with the terms and conditions of the grant award or for unallowable expenses.

L. Upon request by AHCA, HRS agrees to transfer to the accounts designated by AHCA the state matching funds appropriated to HRS, which are intended to support payments made by AHCA to Medicaid providers for allowable Medicaid services rendered to Medicaid eligible recipients.

IV. Transfer of Funding for Grants for which HRS is the Grantee:

A. AHCA will earn funding and financial participation for expenditures incurred related to the State Legalization Impact Assistance Grant (SLIAG), the Infants With Disability

Education Act Part H Grant (Toddlers and Infants Grant), the Refugee Assistance Grant, and to other grants that may arise in the future.

B. HRS will be the sole source for receipt of federal matching funds for the SLIAG, Toddlers and Infants, Refugee Assistance grants, and any future grants and will draw down on letter of credit the federal grant matching funds for allowable expenditures for HRS and AHCA.

C. The draw down by letter of credit of federal funds by HRS for AHCA does not relieve either AHCA or HRS of the responsibility for compliance with federal and state rules and regulations regarding cash management and effective control over the accountability for funds.

D. AHCA will submit quarterly expenditure reports to HRS for the allowable costs and will maintain supporting records for review by state and federal auditors.

E. Periodically AHCA will submit requests to HRS for the transfer of the federal funds earned by AHCA under the grants.

F. HRS will transfer the funds requested by AHCA into the accounts designated by AHCA for the receipt of those funds.

G. HRS will prepare the quarterly federal grant expenditure reports based on allowable expenditures made by HRS and on the allowable expenditures reported by AHCA to HRS.

H. HRS will prepare the reports for the estimating of

federal grant funding requirements based on the estimated allowable costs projected by HRS and on the estimated allowable costs projected and reported by AHCA to HRS.

I. AHCA is responsible for the state share of all administrative costs that it incurs.

J. HRS will reduce future deposits to AHCA for grant earnings in an amount equal to any funds received by AHCA through the grant that are subsequently deferred or disallowed by federal auditors or state auditors for failure to comply with the terms and conditions of the grant award or for unallowable expenses.

K. Based upon request by HRS, AHCA agrees to transfer to the accounts designated by HRS the state matching funds appropriated to AHCA but which are intended to support payments made by HRS to grant program providers for allowable grant services rendered to grant eligible recipients.

L. The State Legalization Impact Assistance Grant (SLIAG). Effective, July 1, 1993 through September 30, 1994 or whenever SLIAG is discontinued by HRS, AHCA is responsible for documenting the federal reimbursement for the state Medicaid program, administered by AHCA and approved in the state's application to the Department of Health and Human Services, Division of State Legalization and Repatriation. AHCA will submit appropriately structured Cost Documentation System (CDS) tapes to the HRS Refugee Programs Administration Office for processing to determine

Eligible Legalized Alien (EtLA) prior and current year service utilization and reimbursement of approved AHCA administered service programs. AHCA will prepare the appropriate invoice for reimbursement based on the results of the CDS tape match and submit the invoice to the HRS Refugee Programs Administration Office for approval. In addition, administrative costs (current positions approved by the Refugee Programs Administration Office, tape processing, etc.) will be reimbursed through the invoice process. Position costs currently paid as a direct HRS salary cost to SLIAG will no longer be considered a salaried cost of HRS effective July 1, 1993. All AHCA SLIAG costs (service programs and administration) must be reimbursed through the invoice process. Once the invoice is approved by Refugee Programs Administration Office, the HRS Revenue Management Office will transfer the approved amount of SLAIG reimbursement to AHCA.

V. Exchange of Information:

Exchange of information between the agencies will be effected through an established referral process, joint consultation, exchange of social and medical summaries, pertinent correspondence, and forms devised for the purposes of exchange of specific information.